ClinDx
2400 Lake Park Drive, Suite 435
Smyrna GA, 30080
Phone: 866-522-5969

Ordering Entity:

Practitioner 1
123 Practitioner St
Practitioner AB, 12345

TXS190604-001

DONOR NAME (OR SPECIMEN I.D.) **PROGRAM TYPE:**
First **Last**
Program 1

SSN	Client ID# (MRN)	OTHER ID
	66463344	

DATE	TIME	DATE OF BIRTH	SEX
06/04/2019	11:45 AM	07/20/2019	M

I certify that the specimen accompanying this form is mine, an was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct.

DONOR SIGNATURE **DATE**

PRINTED NAME

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompany specimen evidence seal.

COLLECTOR SIGNATURE **DATE**

PRINTED NAME

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR **DATE**

PRINTED NAME

LIST PRESCRIPTION & OVER THE COUNTER MEDICATIONS TAKEN IN THE LAST 10 DAYS

Specimen Whole blood

TEMP (90 - 100 F) ☐

VISUALLY MONITORED ☐

Specimen inspected for:
***SEAL INTEGRITY**
***MATCHING COC#**
***DONOR INTIALS**

PLACED IN TEMPORARY STORAGE

COC defects listed here (if none are listed, none were found)

TXS190604-001

By: _____

Date: _____

Reason for Test:
☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident
☐ Intake ☐ Return to Duty ☐ Follow-up ☐ Other (specify)_____

Specimen: TXS190604-001 **Donor Name:** Program 1
Date Collected: 06/04/2019 **Donor Case#:** Specimen Type: Whole blood
Time Collected: 11:45 AM **Donor ID:**

TXS190604-001
Donor Initals: _____
DOB: 07/20/2019

TXS190604-001
Donor Initals: _____
DOB: 07/20/2019

TAMPER SEAL
Place on cap
Date _____

TAMPER SEAL
Place on cap
Date _____